

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39576

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital #1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10563**2. PRINT FULL NAME **Glenda Anderson**

(a) Residence, No. **1908 Park** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2, 1929**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 3 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School Child**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Louis Anderson**

14. BIRTHPLACE (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Margarett Payne**

16. BIRTHPLACE (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Louis Anderson**
 (ADDRESS) **1908 Park**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Sunset** DATE **Nov. 15, 1937**

19. FUNERAL DIRECTOR **St. St. McLaughlin**
 (ADDRESS) **2301 Lafayette Ave.**

20. FILED **NOV 15 1937**
J. I. Beck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from
 19....., to 19.....

I last saw h..... alive on 19..... Death is said
 to have occurred on the date stated above, at **2:30 PM**

The principal cause of death and related causes of importance were as follows:

Signature of Skull Sufferer
Haemorrhage of Brain
Internal Haemorrhage
from rupture of spleen
perforated when struck

Other contributory causes of importance:
by Chevy Coach driven
by one Joe. Having in front
of platy 1901 Park
1215 St. in Nov. 13 - 1937

What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. **Accident** Date of injury **11/13, 1937**
 Where did injury occur? **St. Louis Mo**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See above**

Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Joseph M. Quinn**

(Signed) **Joseph M. Quinn**

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, Paul a Keith, Licensed Embalmer No. 3612

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3612 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Paul a Keith

Licensed Embalmer No. 3612

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)